Gerard F. Cody, R.E.H.S./R.S. *Public Health Director*

Ann Martin, R.N./M.S.N

Public Health Nurse

Carol Cronin

Principal Clerk

Peggy Montlouis, MBA

Community Health Educator



Board of Health

Dr. David Kaplan, M.P.H/Ph.D./C.H.O./R.S. *Chair* Barbara Mahoney, R.N./M.H.A
Dov Yoffe, R.N./A.S.D
Patricia M. Cedeno-Zamor, Ph.D/M.S.W/M.H.A

Town of Randolph Public Health Department

41 South Main Street• Randolph, MA 02368
Main Telephone: 781-961-0924

www.townofrandolph.com

Application for Permit to Transport Solid Waste

Date: Peri	mit Fee: \$200
Business Name:	
Mailing Address:	1.
Telephone# of Business:	
Name and Title of Applicant:	
Emergency Telephone# (Cell/24 Hour):	
E-mail Address:	
Answer the following ques fions	Answer
Provide the Number of Vehicles that will be used:	
Provide the Number of containers, roll offs and/ or dumpsters that will be serviced:	
Where will the trash and rubbish be hauled?	
Where will the recycled material be hauled?	
Where will the construction debris material be hau	ıled?
Are all of your containers covered to prevent litter	?
Do you have a litter or spill prevention plan?	
Are all the containers, dumpsters and roll offs labe with the business name and telephone number?	eled
Note: Solid Waste includes but is not limited to tras debris, hazardous waste and, biological waste, medica requirements of Randolph BOH Regulations Article I.	Il waste. Obtaining this pennit satisfies the II: Dumpsters, §8 and, §8A. signed, attest to the accuracy of the